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CONFIRMATION NO. 7152

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|---|---|-------------------------------|---|---|
| SERIAL NUMBER 10/768,780 | FILING OR 371(c) DATE 01/30/2004 RULE | CLASS 607 | GROUP ART UNIT 3739 | ATTORNEY DOCKET NO. 687-3110/US |
| APPLICANTS Oren A. Mosher, Castro Valley, CA; Abdul M. Tayeb, San Leandro, CA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/16/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Examiner's Signature <i>Roy W. Gibson</i> Initials | | STATE OR COUNTRY CA | SHEETS DRAWING 11 | TOTAL CLAIMS 35 |
| INDEPENDENT CLAIMS 5 | | | | |
| ADDRESS 34205 | | | | |
| TITLE Heating method for tissue contraction | | | | |
| FILING FEE RECEIVED 606 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |